

A NEW COMMUNICATION TOOL AND PROCESS IMPROVEMENT FOR THE RECOGNITION AND TREATMENT OF POSTOPERATIVE NAUSEA AND VOMITING IN THE PEDIATRIC PATIENT

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Background Information: A pediatric surgery center's patient satisfaction is evaluated through monthly surveys, sent quarterly in a Stoplight report. The score that assessed "Focus on helping your child with nausea or discomfort", had decreased to 80.5%, below the average for the CHCA.

Objectives of Project:

1. Develop a process to better track and coordinate care for patients at an increased risk of PONV using a team approach;
2. Increase patient/family awareness of, and satisfaction with measures performed to reduce PONV.

Process of Implementation: The Society for Ambulatory Anesthesia (SAMBA), Risk Factor Scores for POV in Children tool was chosen and presented to nursing staff. The PONV Consensus Guidelines of SAMBA was posted for education. Patients would be rated during preoperative phone calls. The POV score was placed on the surgical schedule.

Upon patient arrival nurses reviewed the risks and confirmed the score. Scores were placed on the patient site marking sheet, and the anesthesia provider was informed.

Our hospital uses time outs before surgery, and a sign out after surgery. The sign out confirms the critical elements of the procedure and a pain management plan. The circulating nurse now would state the POV score and ask the anesthesia provider to list interventions done for the POV score. The nurse would list medications used to treat PONV and those that increase the risk of PONV. The nurse would provide all this information in the PACU transfer of care.

In PHASE I and PHASE II additional medication was given, following the anesthesia team guidelines. Patients were instructed in deep breathing with and without peppermint aromatherapy if needed. Education was provided to caregivers regarding all treatments and care of PONV.

Statement of Successful Practice: A team process was developed to follow patient's risk for and treatment of PONV from initial phone contact through the entire perioperative experience.

The Catalyst Stoplight report scores increased to 82.4 % for FY 2016 and have remained at that level staying above the CHCA average.

Implications for Advancing the Practice of Perianesthesia Nursing: The team approach throughout the continuum of care has established a practice model for other patient care issues. This nurse driven process demonstrated the central role of the perianesthesia nurses in quality care delivery.